PART B - FEE(S) TRANSMITTAL



Complete and sendants form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 1 47915 7590 02/03/2006 CHERNOFF, VILHAUER, MCCLUNG & STENZEL, LLP 1600 ODS TOWER 601 SW SECOND AVENUE PORTLAND, OR 97204 17/2006 JEHLINHZ, 00000033 08985576				Fee(s) Transmittal. I	Note: A certificate of mailing can only be used for domestic mailings of Fee(s) Transmittal. This certificate cannot be used for any other accompany papers. Each additional paper, such as an assignment or formal drawing, m have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the Uni States Postal Service with sufficient postage for first class mail in an enveloped addressed to the Mail Stop ISSUE FEE address above, or being facsim transmitted to the USPTO (571) 273-2885, on the date indicated below.				
				I hereby certify that States Postal Service addressed to the M transmitted to the US					
				Kevili L. K	Kevin L. Russell				
FC:1501				5, 2006	(Signatu				
APPLICATION NO.	FILING DATE	<u> </u>	FIRST NAME	D INVENTOR	VENTOR ATTORNEY DOCKET NO.				
08/985,576	12/05/1997	LA	RRY ALAN	WESTERMAN	7146007	3765			
TITLE OF INVENTION: D	OOCUMENT CLASSIFICAT	TION SYSTEM							
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE			
nonprovisional	NO	\$1400)	\$0	\$1400	05/03/2006			
EXA	MINER	ART UN	IT	CLASS-SUBCLASS					
DESIRE, G	REGORY M	2627		382-305000	_				
Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth i (A) NAME OF ASSIGN		BE PRINTED ON Telow, no assignee of this form is NO	listed, no THE PATEN data will app T a substitute	pear on the patent. If an assi for filing an assignment. ENCE: (CITY and STATE OF	gnee is identified below, the	document has been filed			
4a. The following fee(s) are Issue Fee Publication Fee (No	small entity discount permitte f Copies	4b	Payment of A check		38 is attached.				
a. Applicant claims S The Director of the USPTO NOTE: The Issue Fee and F	s (from status indicated above SMALL ENTITY status. See is requested to apply the Isse Publication Fee (if required) ords of the United States Pate	37 CFR 1.27. ue Fee and Publica will not be accepted	tion Fee (if a	cant is no longer claiming SM ny) or to re-apply any previou e other than the applicant; a re					
Authorized Signature	ords of the officer states par	ent and Trademark	Office.	Date Fe	bruary 15, 2006				
Typed or printed name _	Kevin L. Rus	ssell		_ Registration	No. 38,292				
This collection of informati	on is required by 37 CFR 1.3	11. The information 122 and 37 CFR	on is required	to obtain or retain a benefit b		and by the USPTO to procling gathering, preparing,			

40	Application Number 08/985,576					
TRANSMIT	Filing Date		December 5, 1997			
FER 17 2006 FORM	First Named Invento	or	Larry Alan Westerman			
	Art Unit		2627			
(to be used for all correspondence	Examiner Name		Gregory M. Desire			
Total Number of Pages in This Su		Attorney Docket Nu	mber	7146.0007		
	ENCLO	OSURES (check all that	apply)	· · · · · · · · · · · · · · · · · · ·		
Fee Transmittal Form	s)	After Allowance Communication				
☐ Licensin		-related Papers		Appeal Communication to Board of Appeals and Interferences		
Amendment / Reply				Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)		
I I Δπογείου · I ——		o Convert to a nal Application		Proprietary Information		
Power of A		Attorney, Revocation of Correspondence Addr	ess	Status L	Letter	
Extension of Time Request		Disclaimer		Other Enclosure(s) (please identify below):		
Express Abandonment Request		or Refund per of CD(s)		PTOL 85B (Issue Fee Transmittal), in duplicate		
Information Disclosure Stater Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR1.52 or 1.5	Remarks The Commis overpaymen	ndscape Table on CD ssioner is hereby autho it, to Deposit Account i	rized to c	harge any f	ees, or credit any	
	SIGNATURE OF	APPLICANT, ATTOR	NEY, OF	AGENT		
Firm	ier, McClung & Stenzel					
Signature		1/				
Printed Name Kevin L. Russell		ı				
Date February 15, 20		Reg. No. 38,292				
	CERTIFICA	ATE OF TRANSMISSI	ON/MAIL	ING		
I hereby certify that this correspondervice with sufficient postage as Box 1450, Alexandria, VA 22313	s first class mail in an	envelope addressed to:				
Signature	12					
Typed or printed name Key	/in L. Russell		<u> </u>	Date	February 15, 2006	

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

		ve on 12/08/2				Complete	if Known	
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).								
FEE TRANSMITTAL for FY 2005								
			Filing Date	nuontos	Larry Alan Western			
Applicant claims small entity status. See 37 CFR 1.27			Examiner Nar	First Named inventor				
Applicant claims small entity status. See 37 CFR 1.27			Art Unit	ile -	2627			
T	OTAL AMOUNT OF PA	YMENT ((\$) 1400	Attorney Dock	ket No.	7146.0007		
METHOD OF PAYMENT (check all that apply)				-				
				7 0 1 1 1		`		
			ney Order None					
M	Deposit Account Dep							AcClung & Stenzel
		,	osit account, the Director i	•	_		-	
	☐ Charge fee	e(s) indicate	d below		☐ Char	ge fee(s) indicate	d below, excep	t for the filing fee
			fee(s) or underpayments	of fee(s)	🛚 Cred	it any overpayme	nts	
WA		CFR 1.16 a is form may	nd 1.17 become public. Credit card	information sho	uld not h	e included on this	form. Provide co	edit card
info	ormation and authorization							
	E CALCULATION							
1.	BASIC FILING, SEA		D EXAMINATION FEE		c	EVARANI	ATION CEES	
		FILING I	FEES S Small Entity	SEARCH FEES EXAMINATION FEES Small Entity Small Entity				
	Application Type	Fee (\$)			ee(\$)	Fee(\$)	Fee(\$)	Fees Paid (\$)
	Utility	300			50	200	100	
	Design	200	100	00 5	50	130	65	
	Plant	200	100 30	00 15	50	160	80	
	Reissue	300	150 50	00 25	50	600	300	
	Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES Small Entity								
2.	EXCESS CLAIM FE	ES						<u> </u>
	Fee Description						<u>Fee (\$)</u>	Fee (\$)
	Fee Description Each claim over 20 (inc	cluding Reis					50	Fee (\$) 25
!	Fee Description Each claim over 20 (inc Each independent claim	cluding Reis					50 200	Fee (\$) 25 100
!	Fee Description Each claim over 20 (inc Each independent claim Multiple dependent claim	cluding Reis n over 3 (inc ims	cluding Reissues)	Fee Pain	1 (\$)		50 200 360	Fee (\$) 25 100 180
!	Fee Description Each claim over 20 (inc Each independent claim Multiple dependent clai Total Claims	cluding Reis n over 3 (inc ims <u>Extra C</u>	cluding Reissues)	<u>Fee Paid</u> =	<u>1 (\$)</u>		50 200 360 <u>Multiple</u>	Fee (\$) 25 100 180 Dependent Clain
!	Fee Description Each claim over 20 (inc Each independent claim Multiple dependent clai Total Claims -20 or HP=	cluding Reis n over 3 (inc ims <u>Extra C</u>	cluding Reissues) Claims Fee(\$) X	<u>Fee Paid</u> =	<u>1 (\$)</u>		50 200 360	Fee (\$) 25 100 180 Dependent Clain
!	Fee Description Each claim over 20 (inc Each independent claim Multiple dependent claim Total Claims -20 or HP= HP = highest number of the	cluding Reis n over 3 (inc ims Extra C total claims p	cluding Reissues) Claims Fee(\$) X aid for, if greater than 20.	=			50 200 360 <u>Multiple</u>	Fee (\$) 25 100 180 Dependent Clain
!	Fee Description Each claim over 20 (inc Each independent claim Multiple dependent clai Total Claims -20 or HP=	cluding Reis n over 3 (inc ims Extra C total claims pa	cluding Reissues) Claims Fee(\$) X aid for, if greater than 20.	<u>Fee Paid</u> = <u>Fee Paid</u> =			50 200 360 <u>Multiple</u>	Fee (\$) 25 100 180 Dependent Clain
!	Fee Description Each claim over 20 (inc Each independent claim Multiple dependent claim Total Claims -20 or HP= HP = highest number of tel Indep. Claims - 3 or HP=	cluding Reis n over 3 (inc ims Extra C total claims po Extra C	cluding Reissues) Claims Fee(\$) X aid for, if greater than 20. Claims Fee(\$)	Fee Paid			50 200 360 <u>Multiple</u>	Fee (\$) 25 100 180 Dependent Clain
.!	Fee Description Each claim over 20 (inc Each independent claim Multiple dependent claim Total Claims -20 or HP= HP = highest number of tel Indep. Claims - 3 or HP=	cluding Reis n over 3 (inc ims Extra C total claims p Extra C total claims p	cluding Reissues) Claims Fee(\$) X aid for, if greater than 20. Claims Fee(\$) X	Fee Paid			50 200 360 <u>Multiple</u>	Fee (\$) 25 100 180 Dependent Clain
3.	Fee Description Each claim over 20 (inc Each independent claim Multiple dependent claim Total Claims -20 or HP= HP = highest number of tel Indep. Claims -3 or HP= HP = highest number of tel APPLICATION SIZE f the specification and description.	eluding Reise n over 3 (incims Extra C total claims p Extra C independent of FEE rawings exceptions	cluding Reissues) Claims Fee(\$) X aid for, if greater than 20. Claims Fee(\$) X claims paid for, if greater than 20. Claims Fee(\$)	Fee Paid = 13. (excluding elec	tronicall		50 200 360 Multiple Fee (\$)	Fee (\$) 25 100 180 Dependent Clain Fee Paid
3.	Fee Description Each claim over 20 (inc Each independent claim Multiple dependent claim Total Claims -20 or HP= HP = highest number of tel Indep. Claims -3 or HP= HP = highest number of tel APPLICATION SIZE f the specification and d listings under 37	eluding Reise n over 3 (incims Extra C Extra C Extra C independent of FEE rawings exc CFR 1.52(incims properties of the content of the	cluding Reissues) Claims Fee(\$) X aid for, if greater than 20. Claims Fee(\$) X claims paid for, if greater than 20. Claims Fee(\$) Claims paid for, if greater than 20. Claims paid for, if greater than 20.	Fee Paid and 3. (excluding elected due is \$250 (tronicall		50 200 360 Multiple Fee (\$)	Fee (\$) 25 100 180 Dependent Clain Fee Paid
3.	Fee Description Each claim over 20 (inc Each independent claim Multiple dependent claim Total Claims -20 or HP= HP = highest number of telegraphs -3 or HP= HP = highest number of telegraphs APPLICATION SIZE f the specification and delistings under 37 sheets or fraction	eluding Reis n over 3 (inc ims Extra C total claims pr Extra C independent FEE rawings exc CFR 1.52(in thereof. Se	cluding Reissues) Claims Fee(\$) X aid for, if greater than 20. Claims Fee(\$) X claims paid for, if greater than 20. Claims Fee(\$) X claims paid for, if greater than 20. Claims Fee(\$) X claims paid for, if greater than 20. Claims Fee(\$) X claims paid for, if greater than 20. Claims Fee(\$) X claims paid for, if greater than 20. Claims Fee(\$) X Claims Fee(\$)	Fee Paid and 3. (excluding elected due is \$250 (and 37 CFR 1.)	tronicall; (\$125 for 16(s).	r small entity) for	50 200 360 Multiple Fee (\$)	Fee (\$) 25 100 180 Dependent Clain Fee Paid
3.	Fee Description Each claim over 20 (inc Each independent claim Multiple dependent claim Total Claims -20 or HP= HP = highest number of telegraph Indep. Claims -3 or HP= HP = highest number of telegraph HP = highest number of telegraph APPLICATION SIZE f the specification and delistings under 37 sheets or fraction Total Sheets	eluding Reis n over 3 (inc ims Extra C total claims pr Extra C independent FEE rawings exc CFR 1.52(in thereof. Se Extra Sh	cluding Reissues) Claims Fee(\$) X aid for, if greater than 20. Claims Fee(\$) X claims paid for, if greater than 20. Claims paid for, if greater than 20. Claims Fee(\$) X claims paid for, if greater than 20. Claims Fee(\$) X claims paid for, if greater than 20. Claims Fee(\$) X Claims paid for, if greater than 20. Claims Fee(\$) X Claims Fee(\$) X Claims Paid for, if greater than 20. Claims Fee(\$) X Claims Fee(\$) X Claims Pee(\$)	Fee Paid (excluding elected due is \$250 (and 37 CFR 1.ach additional	tronicall; (\$125 for 16(s). al 50 or	r small entity) for fraction therec	50 200 360 Multiple Fee (\$)	Fee (\$) 25 100 180 Dependent Clain Fee Paid 150 Fee Paid (\$)
3. I	Fee Description Each claim over 20 (inc Each independent claim Multiple dependent claim Total Claims -20 or HP= HP = highest number of telephology -3 or HP= HP = highest number of the specification and delistings under 37 sheets or fraction Total Sheets -100:	eluding Reis n over 3 (inc ims Extra C total claims pr Extra C independent FEE rawings exc CFR 1.52(in thereof. Se	cluding Reissues) Claims Fee(\$) X aid for, if greater than 20. Claims Fee(\$) X claims paid for, if greater than 20. Claims paid for, if greater than 20. Claims Fee(\$) X claims paid for, if greater than 20. Claims Fee(\$) X claims paid for, if greater than 20. Claims Fee(\$) X Claims paid for, if greater than 20. Claims Fee(\$) X Claims Fee(\$) X Claims Paid for, if greater than 20. Claims Fee(\$) X Claims Fee(\$) X Claims Pee(\$)	Fee Paid and 3. (excluding elected due is \$250 (and 37 CFR 1.)	tronicall; (\$125 for 16(s). al 50 or	r small entity) for fraction therec	50 200 360 Multiple Fee (\$)	Fee (\$) 25 100 180 Dependent Clain Fee Paid 150 Fee Paid (\$) =
3. I	Fee Description Each claim over 20 (inc Each independent claim Multiple dependent claim Multiple dependent claim	Extra C Independent of the control of the co	cluding Reissues) Claims Fee(\$) X aid for, if greater than 20. Claims Fee(\$) X Claims paid for, if greater than 20. claims paid for, if greater than 20. Claims Fee(\$) X Claims paid for, if greater than 20. Claims Fee(\$) X Claims Fee(\$) X Claims Paid for, if greater than 20. Claims Fee(\$) X Claims Fee(\$) X _	Fee Paid (excluding elected due is \$250 (and 37 CFR 1.ach additionational ound up to a very series)	tronicall; (\$125 for 16(s). al 50 or	r small entity) for fraction therec	50 200 360 Multiple Fee (\$)	Fee (\$) 25 100 180 Dependent Clain Fee Paid 150 Fee Paid (\$)
3. I	Fee Description Each claim over 20 (inc Each independent claim Multiple dependent claim Multiple dependent claim	eluding Reise nover 3 (incims Extra C	cluding Reissues) Claims Fee(\$) X aid for, if greater than 20. Claims Fee(\$) X claims paid for, if greater than 20. Claims Fee(\$) X claims paid for, if greater than 20. Claims Fee(\$) X claims paid for, if greater than 20. Claims Fee(\$) X claims paid for, if greater than 20. Claims Fee(\$) X	Fee Paid (excluding elected due is \$250 (and 37 CFR 1.ach additionational ound up to a very series)	tronicall; (\$125 for 16(s). al 50 or	r small entity) for fraction therec	50 200 360 Multiple Fee (\$)	Fee (\$) 25 100 180 Dependent Clain Fee Paid 150 Fee Paid (\$) =

SUBMITTED BY				
Signature		Registration No. (Attorney/Agent) 38,292	Telephone	503-227-5631
Name (Print/Type)	Kevin L. Russell		Date	February 15, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.